POLICY AND METHODS FOR ESTABLISHING RATES FOR OTHER TYPES OR CARE OR SERVICE

PERINATAL CASE MANAGEMENT (PCM) NEW PATIENT, COMPREHENSIVE: Service to a new patient whose case management and administrative records need to be established. This service will be completed within 30 days of enrollment into case management services. A comprehensive level of service will be provided including an assessment and individualized plans for 1) medical, 2) nutritional, 3) psychosocial and 4) health educational needs of the client. A problem list will be developed based on this comprehensive assessment and priorities set. Initial linkages will be made with required services for no less than the top three priorities. For example:

* A prenatal care provider who accepts Medicaid clients will be located and an appointment made.

* A nutritional assessment will be done and/or an appointment made for WIC enrollment and nutritional counseling.

* Arrangements for any necessary transportation will be made.

This unit of service will be billed once per pregnancy.

PERINATAL CASE MANAGEMENT FOLLOW-UP: Services to an established patient. All contacts with the client, by professional or paraprofessional staff, must be documented by level of service to receive reimbursement. Reimbursement is limited to a maximum of (8) eight follow-up services per pregnancy in any combination (e.g., one brief or one extended follow-up unit per month.) Dates of service must be after the date of the comprehensive assessment and before the date of delivery.

The level of service billed will be based on the patient's individualized assessment and need for Case Management assistance as defined below:

Brief follow-up: Consists of at least one (1) minimal contact (direct or indirect) to ensure the recipient is complying with the established plan for care. A tracking system will be maintained for monitoring monthly follow-up of the recipient's established plan.

Extended follow-up: Consists of a minimum of one direct contact to reevaluate or reassess the individualized plan for medical, nutritional, psychosocial and health education needs due to complications of pregnancy or change in environmental factors.

TRANSMITTAL 89-14
APPROVED 8-21-90
EFFECTIVE 4-1-89
Supersedes (NEW)

POLICY AND METHODS FOR ESTABLISHING RATES FOR OTHER TYPES OR CARE OR SERVICE

PERINATAL CASE MANAGEMENT, POSTPARTUM FOLLOW-UP: Services provided to an established patient after the delivery. Assessments, plans and initial linkages will be made based on the mother's needs for postpartum, family planning and other services, and to assist her with obtaining Medicaid enrollment, WIC, EPSDT and other services needed by her infant. Service will be provided by professional staff and may be supported by paraprofessional staff. Final case management services will be completed within 60 days after delivery and can not be later than the last day of Medicaid eligibility. This unit of service will be billed once per pregnancy.

TRANSMITTAL 89-14
APPROVED 8-21-90
EFFECTIVE 4-1-89
SUPERSEDES (New)

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

N. (c) Early Intervention Case Management services will be reimbursed directly to the providers of case management services on a negotiated rate basis not to exceed actual costs, which meets all requirements of the Office of Management and Budget Circular A-87 dated January 15, 1981.

TRANSMITTAL 91-20
APPROVED 12-5-91
EFFECTIVE 5-21-91
SUPERSEDES NEW

POLICY AND METHODS FOR ESTABLISHING PAYMENTS RATES FOR OTHER TYPES OF CARE OR SERVICES

N. (d.) Children At-Risk Case Management Services will be billed monthly on the HCFA 1500 form and be reimbursed on a prospective fee-for service basis. Payments to providers are limited to the lesser of the submitted charge or the established rate. The established statewide rates are based on the median cost per visit of providers currently enrolled in the program. Cost will be evaluated periodically and reimbursement rates will be adjusted to reflect cost.

NEW CHILD, COMPREHENSIVE ASSESSMENT: Service to a new child whose care management records must be established. This service will be completed within 30 days of enrollment into case management services. A comprehensive level of service will be provided including an assessment and individualized service plan for the health, educational, social, psychological, and other needs of each youth. A problem list will be developed based upon the comprehensive assessment and service priorities established, initial linkages will be made with providers of the needed identified services for at least the top three priorities. For example:

1. Those children assessed as being in need of health care will be referred to an EPSDT provider for EPSDT services.

2. A referral will be made to the County Department of Family and Children Services to assist children living in abusive family situations.

3. Arrangements will be made for any necessary transportation.

This unit of service will be billed only once for each eligible child served.

CASE MANAGEMENT FOLLOW-UP: Services to an established service recipient. All contacts with the recipient and/or his/her family by Family Connection Case Management personnel must be documented by level of service to receive reimbursement. Reimbursement is ~~limited to a maximum of 12 visits annually. Dates of service must occur after the comprehensive assessment~~.

TAE 7/1/97

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

limited to a maximum of 12 visits annually. Dates of service must occur after the comprehensive assessment.

The level of service billed will be based on the service recipient's individual service plan and the need for case management assistance as defined below.

Brief follow-up: Consist of at least one (1) minimal contact with the recipient, the family or the service provider to ensure that the recipient is complying with the established service delivery plan.

Extended follow-up: Consist of a minimum of one direct contact with the recipient and the family to reevaluate or reassess the individual service delivery plans due to changes in recipient's personal or family factors.

TRANSMITTAL 92-01
APPROVED 5-12-92
EFFECTIVE 2-1-92
SUPERSEDES (NEW)

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

N. (e.) Dropout Recovery Case Management Services will be billed monthly on the HCFA 1500 form and be reimbursed on a prospective fee-for-service basis. Payments to public and private providers are limited to the lesser of the submitted charge or the established fees based on the actual cost of public providers as determined by time studies conducted pursuant to methodology approved by HCFA, Region IV. Costs will be evaluated annually and fees adjusted to reflect actual cost.

NEW CLIENT, COMPREHENSIVE ASSESSMENT: Service to a newly recovered dropout whose case management records must be established. This service will be completed within 30 days of enrollment into case management services. A comprehensive level of service will be provided including an assessment and individualized service plan for the health, educational, social, psychological, and other needs of each youth. A problem list will be developed based upon the comprehensive assessment and service priorities established. Initial linkages will be made with providers of the needed identified services for at least the top three priorities. For example:

1. Those recovered dropouts assessed as being in need of health care will be referred to an EPSDT provider for EPSDT services.

2. A referral will be made to the County Department of Family and Children Services to assist recovered dropouts living in abusive family situations.

3. A referral will be made to the Public School System or GED providers to assist recovered dropouts to complete a planned secondary educational program.

This unit of service will be billed only once for each eligible child served.

TRANSMITTAL 92-31
APPROVED 10-27-92
EFFECTIVE 10-15-92
SUPERSEDES (NEW)

CASE MANAGEMENT FOLLOW-UP: Services to an established service recipient. All contacts with the recipient and/or his/her family by Dropout Recovery Case Management personnel must be documented by level of service to receive reimbursement. Reimbursement is limited to a maximum of 12 visits annually. Dates of service must occur after the comprehensive assessment.

The level of service billed will be based on the service recipient's individual service plan and the need for case management assistance as defined below.

Brief follow-up: Consist of at least one (1) minimal contact with the recipient, the family or the service provider to ensure that the recipient is complying with the established service delivery plan.

Extended follow-up: Consist of a minimum of one direct contact with the recipient and the family to reevaluate or reassess the individual service delivery plans due to changes in recipient's personal or family factors.

TRANSMITTAL 92-31
APPROVED 10-27-92
EFFECTIVE 10-15-92
SUPERSEDES (NEW)

Policy and Methods for Establishing Payment Rates for other Types of Care or Services

N.(f) Case Management Services for Adults with AIDS will be billed monthly on the DMA-1500C (4/92) form and will be reimbursed on a prospective fee-for-service basis.

Payments to private providers are limited to the lesser of the submitted charge or the established fee(s) based on actual cost as determined by time studies conducted pursuant to methodology approved by the Health Care Financing Administration.

Public providers of case management services will be reimbursed directly on a negotiated rate basis not to exceed actual cost.

Costs will be evaluated annually and fees adjusted to reflect actual cost.

New Client Comprehensive Assessment:

Service to a new client whose case management records must be established. This service must be initiated within 48 hours of the request for services and must be completed within 30 days of enrollment into case management.

A comprehensive level of service shall be provided including obtaining a medical assessment from the client's primary physician, conducting a psychosocial assessment, developing an individualized service plan for the client's medical, nutritional, social, educational, psychological transportation, housing, legal, financial, and other needs. A problem list shall be generated based on the comprehensive assessment and service priorities shall be established. Initial linkages shall be made with providers of the needed identified services. This unit of service may be billed only once for each client served.

TRANSMITTAL 92-40
APPROVED 1-28-93
EFFECTIVE 10-1-92
SUPERSEDES (new)

Case Management Follow-Up:

Services to an established service recipient. All contacts with the recipient, his or her family members, significant others, and service providers must be documented to receive reimbursement. Reimbursement is limited to a maximum of 12 follow-up services annually. Providers may not bill for an extended and a brief follow-up performed in the same month. Providers may bill for no more than three (3) extended follow-up services annually. Dates of follow-up services must occur after the comprehensive assessment.

The level of service (brief or extended) billed shall be based on the recipient's individual service plan and the descriptions of case management follow-up found below.

Brief Follow-Up:

Consists of at least one (1) contact with the recipient AND, if appropriate, his or her significant other, family member, or service provider to ensure that the recipient is complying with the established service delivery plan.

Extended Follow-Up:

Consists of at least one (1) direct contact with the recipient to re-evaluate or reassess the individual service delivery plan due to crisis resulting from changes in recipient's medical condition, loss of social support, employment, or housing, legal problems, or other significant events.

TRANSMITTAL 92-40
APPROVED 1-28-93
EFFECTIVE 10-1-92
SUPERSEDES (new)

POLICY AND METHODS FOR ESTABLISHING PAYMENT RATES FOR OTHER TYPES OF CARE OR SERVICES

N.(g) The results of a time study were applied to projected costs for each of the prospective providers and statewide rates for the first year were established based on an arraying of the costs of the 50th percentile. Cost reports from all providers will be evaluated annually after the first year of implementation to determine subsequent state-wide rates. Payments to public and private providers will be limited to the lesser of the submitted charge or established fee based on cost reports from providers. Payment to providers may not exceed actual cost of providing services.

At-Risk of Incarceration Case Management Services will be reimbursed on a fee-for-service basis billed monthly on the HCFA 1500 form.

The Department will reimburse one unit of case management service per month per beneficiary. The specific service components (billing units) covered under the At-Risk of Incarceration program are the initial assessment, extended follow-up, and brief follow-up.

Initial Assessment

The initial assessment is provided to a child at risk of judicial determination whose case management records must be established. The initial assessment must be completed within thirty (30) days of enrollment into case management services. A comprehensive level of service will be provided which includes the identification of medical, nutritional, social, educational, transportation, housing and other services which have not been adequately accessed; development and implementation of a comprehensive service plan; development of a problem list; and a plan to reassess the appropriateness of placement.

This service may be billed by a provider only once for each beneficiary served.

Brief Follow-up

The brief follow-up consists of at least one (1) contact with the beneficiary, family, or service provider to ensure that services are being delivered in accordance with the established service delivery plan.

TRANSMITTAL 93-04
APPROVED 1/11/95
EFFECTIVE 3/01/93
SUPERSEDES NEW